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Bib Data Sheet

CONFIRMATION NO. 5843

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|---|---|-------------------------------|---|--|
| SERIAL NUMBER 10/038,567 | FILING DATE 01/03/2002 RULE | CLASS 704 | GROUP ART UNIT 2844 2655 | ATTORNEY DOCKET NO. 920070.408 |
| APPLICANTS Peter E. Nielsen, Gig Harbor, WA; Brook A. Thomson, Lakewood, WA; | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/261,151 01/16/2001 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/07/2002 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no met <input type="checkbox"/> Allowance <input checked="" type="checkbox"/> Met after | | STATE OR COUNTRY WA | SHEETS DRAWING 55 | TOTAL CLAIMS 18 |
| Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | | | INDEPENDENT CLAIMS 4 | |
| #5 ADDRESS 20465 27370 | | | | |
| TITLE Standardized inpatient-outpatient nomenclatures and accepting both outpatient and inpatient data to commonly accessible storage | | | | |
| FILING FEE RECEIVED 824 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____ | |